

**ARKANSAS DEPARTMENT OF HUMAN SERVICES**  
**Division of Child Care and Early Childhood Education**  
**APPLICATION FOR CHILD CARE ASSISTANCE**

**YOU MUST COMPLETE ALL SECTIONS OR THE APPLICATION WILL BE RETURNED TO YOU.**

**Fill in today's date:**

**PART I. CASEHEAD INFORMATION** The casehead must be 18 years of age or an emancipated minor and have full-time physical custody of the child requiring child care services.

Have you applied for child care assistance in the last 45 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				Have you ever received TEA or ESS Child Care ? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Social Security No.	First Name	MI	Last Name	Date of Birth	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race (check box that applies): <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Native Hawaiian/Pacific Islands
Mailing Address		City	State	Zip	Check one: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Perm. Resident <input type="checkbox"/> Other	Hispanic? <input type="checkbox"/> Yes <input type="checkbox"/> No	Home Phone (must include area code)
Physical Address		County of Residence	City	State	Zip	Other Phone: <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Message	
Does your family receive Food Stamps? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list monthly amount received: \$				List highest school grade completed: _____		How many parents live in the household? <input type="checkbox"/> 1 <input type="checkbox"/> 2	
Does your family receive Housing or Rental Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list monthly amount received: \$							
Briefly explain why you are applying for Child Care Assistance:							

**PART II. HOUSEHOLD INFORMATION** Include information for ALL persons living in your household. *DO NOT INCLUDE YOURSELF.* Attach additional sheets if necessary.

Social Security #	First Name	MI	Last Name	Date of Birth	Gender	Relationship to Casehead	Race (check box that applies)	Citizen/Legal Resident?	Receive Child Support for?	Child Care Needed?	Hispanic?
					<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Native Hawaiian/Pacific Islands	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Native Hawaiian/Pacific Islands	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Native Hawaiian/Pacific Islands	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Native Hawaiian/Pacific Islands	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Native Hawaiian/Pacific Islands	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Native Hawaiian/Pacific Islands	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**PART III. EMPLOYMENT/SCHOOL** All adults in the household must be employed at least 32 hours per week or be enrolled in school full-time. Attach additional sheets if necessary.

Adult #1	Is adult employed?	List employer name, address and telephone:	Gross Amount (before taxes) of Paycheck:	How often is paycheck received?	Additional earned income	Amount received	How often is the additional income received?
	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice monthly <input type="checkbox"/> Monthly	<input type="checkbox"/> Commission <input type="checkbox"/> Tips <input type="checkbox"/> Overtime	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Twice monthly
List work and/or school schedule:	Mon	Tue	Wed	Thu	Fri	Sat	Sun
	From						
	To						
							Is adult in school/training? <input type="checkbox"/> Yes <input type="checkbox"/> No
							# of hours/week:
Adult #2	Is adult employed?	List employer name, address and telephone:	Gross Amount (before taxes) of Paycheck:	How often is paycheck received?	Additional earned income	Amount received	How often is the additional income received?
	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice monthly <input type="checkbox"/> Monthly	<input type="checkbox"/> Commission <input type="checkbox"/> Tips <input type="checkbox"/> Overtime	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Twice monthly
List work and/or school schedule:	Mon	Tue	Wed	Thu	Fri	Sat	Sun
	From						
	To						
							Is adult in school/training? <input type="checkbox"/> Yes <input type="checkbox"/> No
							# of hours/week:

**PART IV. UNEARNED INCOME** Proof of all income must be provided at the time of interview. *Please do NOT send in proof until asked.*

Source of Income	Check one:	Name of Person Who Applied/Receives	Amount Received	How Often Is Income Received?
<b>Child Support 1:</b>	<input type="checkbox"/> Receives <input type="checkbox"/> Applied For		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Other: _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Twice monthly _____
<b>Child Support 2:</b>	<input type="checkbox"/> Receives <input type="checkbox"/> Applied For		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Other: _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Twice monthly _____
<b>Social Security Benefits</b>	<input type="checkbox"/> Receives <input type="checkbox"/> Applied For		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Other: _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Twice monthly _____
<b>SSI (Supplemental Security Income)</b>	<input type="checkbox"/> Receives <input type="checkbox"/> Applied For		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Other: _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Twice monthly _____
<b>Unemployment Benefits</b>	<input type="checkbox"/> Receives <input type="checkbox"/> Applied For		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Other: _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Twice monthly _____
<b>Veteran's Benefits</b>	<input type="checkbox"/> Receives <input type="checkbox"/> Applied For		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Other: _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Twice monthly _____
<b>TEA Assistance</b>	<input type="checkbox"/> Receives <input type="checkbox"/> Applied For		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Other: _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Twice monthly _____
<b>Utility Assistance</b>	<input type="checkbox"/> Receives <input type="checkbox"/> Applied For		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Other: _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Twice monthly _____
<b>Other:</b>	<input type="checkbox"/> Receives <input type="checkbox"/> Applied For		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Other: _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Twice monthly _____

**PART V. CHILD CARE INFORMATION** Complete information below for ALL children who require child care.

Child's Name	Age	Name of Child Care Provider selected:	Is child now attending?	Is provider a relative of child?	If yes, list relationship:	If school-age, list school child attends:	Please check the level of child care you need for this child:	For DHS Use Only Time(s) Authorized
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Full days (5-10 hrs) <input type="checkbox"/> Nights <input type="checkbox"/> Weekends <input type="checkbox"/> HalfTime (3-5 hrs) <input type="checkbox"/> PartTime (less than 3 hrs)	to ----- to
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Full days (5-10 hrs) <input type="checkbox"/> Nights <input type="checkbox"/> Weekends <input type="checkbox"/> HalfTime (3-5 hrs) <input type="checkbox"/> PartTime (less than 3 hrs)	to ----- to
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Full days (5-10 hrs) <input type="checkbox"/> Nights <input type="checkbox"/> Weekends <input type="checkbox"/> HalfTime (3-5 hrs) <input type="checkbox"/> PartTime (less than 3 hrs)	to ----- to
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Full days (5-10 hrs) <input type="checkbox"/> Nights <input type="checkbox"/> Weekends <input type="checkbox"/> HalfTime (3-5 hrs) <input type="checkbox"/> PartTime (less than 3 hrs)	to ----- to
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Full days (5-10 hrs) <input type="checkbox"/> Nights <input type="checkbox"/> Weekends <input type="checkbox"/> HalfTime (3-5 hrs) <input type="checkbox"/> PartTime (less than 3 hrs)	to ----- to

**ADDITIONAL HOUSEHOLD INFORMATION** Please answer the following questions. Do NOT leave blank.

Does any child requiring care have special needs? ☐ Yes ☐ No Name of child(ren) & nature of special need: \_\_\_\_\_

Is any adult in your household not working due to a disability? ☐ Yes ☐ No Name of person and nature of disability: \_\_\_\_\_

Is anyone in your household currently pregnant? ☐ Yes ☐ No Name of person and due date: \_\_\_\_\_

Is a parent of the child(ren) needing care attending high school? ☐ Yes ☐ No Name of person and high school attending: \_\_\_\_\_

## **YOUR RIGHTS AND RESPONSIBILITIES—Read this page carefully and sign at the bottom.**

1. You have the right to a decision on your application within forty-five (45) days from the date your application is received. This means your application will either be approved, denied, returned to you for further information or placed on a waiting list pending availability of services within 45 days.
2. You cannot be denied child care assistance on the basis of race, color, sex, age, disability, religion, national origin or political belief.
3. You may choose any child care provider in your area that meets the requirements of DHS and the Child Care Assistance Program.
4. Information you provide will not be released without your written consent, except to parties allowed by law. Your name and Social Security Number may be furnished to employers, government agencies, educational institutions or any other party deemed necessary by DHS to determine your eligibility.
5. If any adverse action is taken on your application or child care case, you have the right to an Internal Review. If you are not satisfied with this review, you may appeal the decision by sending a written request to: Arkansas Department of Human Services, Office of Appeals and Hearings, P.O. Box 1437, Slot N-401, Little Rock, AR 72203.
6. You must help establish your eligibility by FULLY completing this application and providing as much information as possible about your circumstances. You must be truthful in reporting all information. Providing false information or withholding information may result in criminal prosecution.
7. You MUST report ANY and ALL changes that affect your eligibility to your Child Care Specialist within ten (10) days of the change. These changes include but are not limited to: Address or Telephone Number, Household Members, Employment, Child Support, Child Care Needs, Training or Education Programs, or Income. Failure to report changes may result in your case being closed and a referral to the Fraud Unit. You are responsible for any overpayments resulting from changes in your status.
8. You understand that DHS will not retroactively pay or reimburse you for your child care expenses. The first day that DHS will pay for child care is the day DHS determines all eligibility requirements have been satisfied and you are approved for services.
9. You must be receiving child support or agree to pursue child support from the absent parent(s) of children for whom assistance is needed. This may include opening a child support case with the Arkansas Office of Child Support Enforcement.
10. You agree to cooperate in any DHS investigation concerning your case. You understand that failure to cooperate will result in termination of assistance.
11. You have the responsibility to pay your portion of the daily child care fee to the child care provider on a timely basis. Assistance may be terminated if payment is not made.
12. CHANGING PROVIDERS: If you wish to change child care providers, you must give a minimum of one (1) week's written notice to your Child Care Specialist. If such notice is not given, you will be responsible for any payments to the new child care provider until the Child Care Specialist officially completes the change. Due to the cost of processing, as well as the added stress on a child when changing caregivers, the maximum number of times you may request a change of facilities is three (3) per certification period.

### **IF YOU ARE A STUDENT OR ENROLLED IN A TRAINING PROGRAM, YOU MUST READ AND UNDERSTAND THE FOLLOWING:**

Students enrolled in education or training programs must maintain full-time status in order to remain eligible for assistance. Students are allowed a maximum of fifteen (15) semesters or twenty (20) quarters to complete educational endeavors. Your grade/progress report will be checked each school term to verify that you have completed the necessary courses of study to maintain your eligibility. If you reduce your hours, you MUST report this to your Child Care Specialist within ten (10) days. If you drop below full-time status, you will be required to obtain employment of up to 32 hours per week in order to remain eligible for assistance. Child care will not be paid for during semester breaks or spring break unless the student meets other applicable criteria for assistance during that time.

Grades will be checked at the end of every full semester/quarter in which you receive assistance. You must maintain a "C" average (2.00 GPA) in order to continue receiving assistance. If you drop below a 2.00 average, you will be placed on academic probation for one (1) semester or quarter. If your grades do not meet this requirement the following semester, your case will be closed unless you obtain employment of at least 32 hours per week and child care will not be paid for school attendance for six (6) months from the end of the probationary semester. Students not attending summer school have the option of placing their case in suspension during that time. All eligibility criteria must be re-verified before receiving assistance at the end of the suspension period. Child care WILL NOT BE PAID for study beyond a Bachelor's degree. This includes medical school, law school, physical therapy and other graduate programs.

STUDENT APPLICANTS MUST SIGN HERE TO SHOW UNDERSTANDING AND ACCEPTANCE OF THESE TERMS: \_\_\_\_\_

I certify that I have read and fully understand my Rights and Responsibilities. I authorize DHS to collect information from other sources to determine my eligibility for assistance. I authorize any source DHS deems necessary to determine eligibility to release information concerning me. I understand such sources may include but are not limited to government agencies, employers, educational institutions, family members and child care providers. I certify under penalty of perjury and fraud that all information I have supplied is true and correct. I understand that giving false information or withholding information may result in criminal prosecution and the repayment of financial assistance made on my behalf.

Signature of Casehead \_\_\_\_\_ Print Name \_\_\_\_\_ Date of Signature \_\_\_\_\_

If you have any questions or if you need this information in a different format, contact the DCC-ECE Family Support Unit at: P.O. Box 1437, Slot S-145, Little Rock, AR 72203 or you may call us at 1-800-322-8176 or (501)682-8947.

APPLICANT: Do NOT write on this page. This page should be completed by DHS Staff only.

### INITIAL EVALUATION RESULTS

Eligibility Category: ☐ 03 ☐ 04 ☐ 05 ☐ 06  
 WL Priority: ☐ 10 ☐ 20 ☐ 30 ☐ 40 ☐ 50  
 Reason for Denial:  
 Initial Evaluation by:

Denial Code:  
☐ 01 ☐ 02 ☐ 03  
☐ 04 ☐ 05 ☐ 06  
☐ 07 ☐ 08 ☐ 09  
☐ 10 ☐ 11 ☐ 12

### INFORMATION PROVIDED TO APPLICANT (check when provided):

Date of Interview: \_\_\_\_\_  
☐ Rights and Responsibilities  
☐ Earned Income Credit Information  
☐ TEA Information (students only)  
☐ Consumer Education material

If this section is not completed, you must include a narrative sheet and calculator tape in the case record which details how household budget was calculated.

### HOUSEHOLD BUDGET

Adult 1:	(Name)	Earned Income	Monthly Amount	Unearned Income 1	Monthly Amount	Unearned Income 2	Monthly Amount	TOTAL MONTHLY INCOME FOR ADULT #1
	List source of income →	Employer:		List type:		List type:		
	Avg. \$ Weekly	\$	x 4.334 =	\$	x 4.334 =	\$	x 4.334 =	
	Avg. \$ Bi-Weekly	\$	x 2.167 =	\$	x 2.167 =	\$	x 2.167 =	
	Avg. \$ Twice Monthly	\$	x 2 =	\$	x 2 =	\$	x 2 =	
	Avg. \$ Monthly	\$	x 1 =	\$	x 1 =	\$	x 1 =	
	Less: \$100 deduction		- 100.00					
	Monthly Total		\$	+	\$	+	\$	= \$ [A]

  

Adult 2:	(Name)	Earned Income	Monthly Amount	Unearned Income 1	Monthly Amount	Unearned Income 2	Monthly Amount	TOTAL MONTHLY INCOME FOR ADULT #2
	List source of income →	Employer:		List type:		List type:		
	Avg. \$ Weekly	\$	x 4.334 =	\$	x 4.334 =	\$	x 4.334 =	
	Avg. \$ Bi-Weekly	\$	x 2.167 =	\$	x 2.167 =	\$	x 2.167 =	
	Avg. \$ Twice Monthly	\$	x 2 =	\$	x 2 =	\$	x 2 =	
	Avg. \$ Monthly	\$	x 1 =	\$	x 1 =	\$	x 1 =	
	Less: \$100 deduction		- 100.00					
	Monthly Total		\$	+	\$	+	\$	= \$ [B]

  

TOTAL MONTHLY HOUSEHOLD INCOME ([A] + [B])		= \$
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TOTAL HOUSEHOLD SIZE: \_\_\_\_\_ Based on calculated income & household size, applicant is: ☐ Not eligible for assistance

List Provider Name and Facility No: \_\_\_\_\_ Approved for assistance with a fee of: ☐ 0% ☐ 20% ☐ 40% ☐ 60% ☐ 80%.

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Re-Evaluation Date: \_\_\_\_\_

### NARRATION, COMMENTS OR ADDITIONAL ACTION TAKEN:


Signature of Child Care Specialist \_\_\_\_\_

Date \_\_\_\_\_